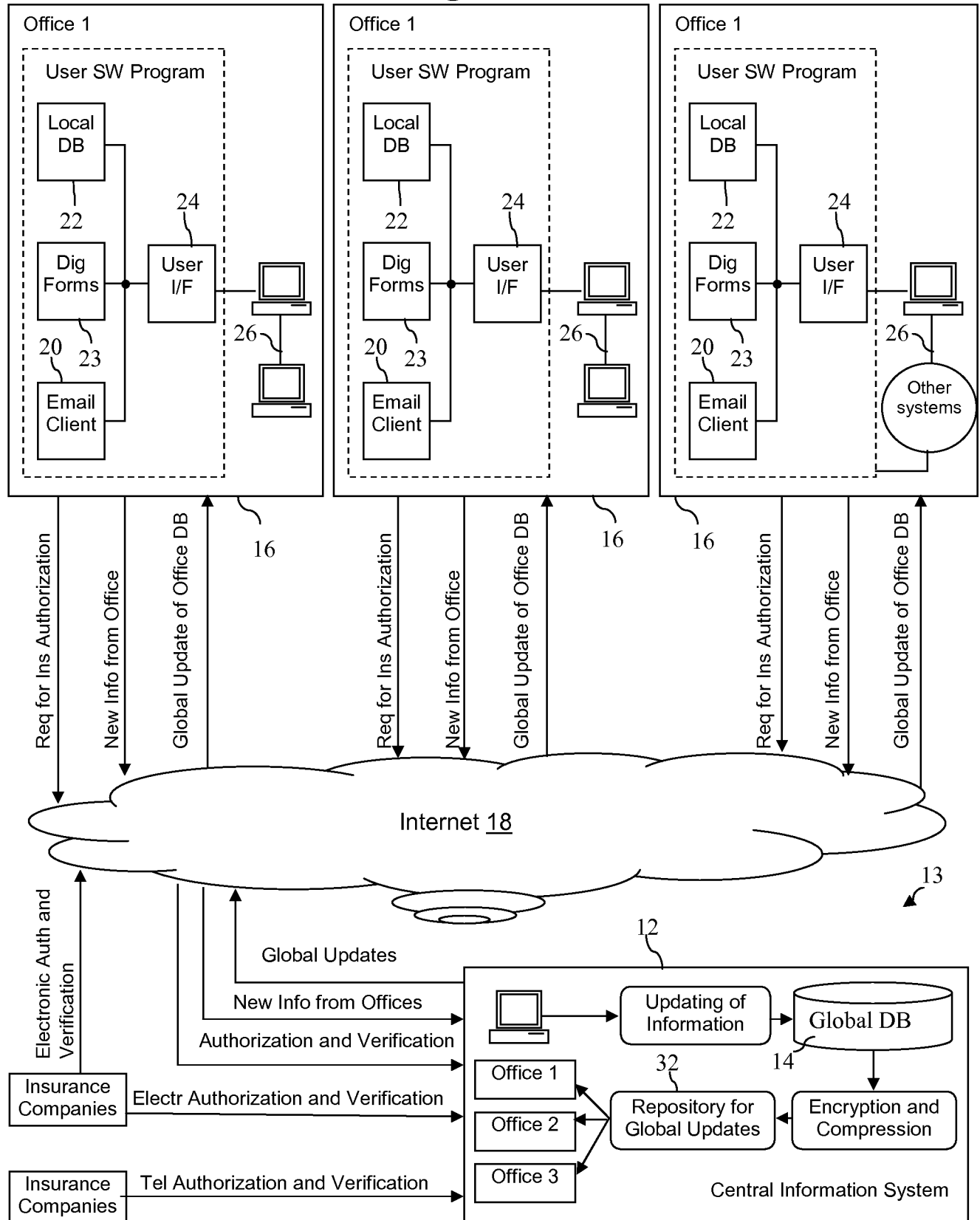


Fig. 1

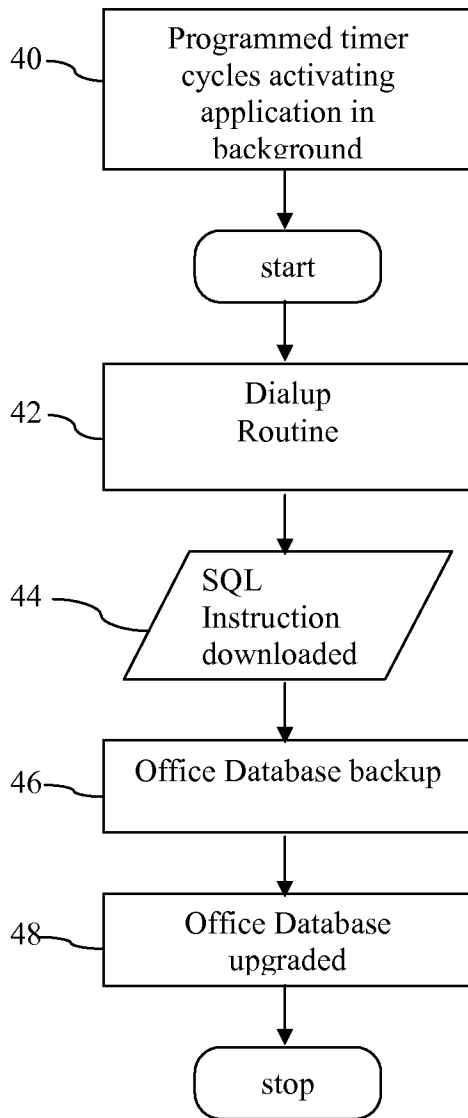
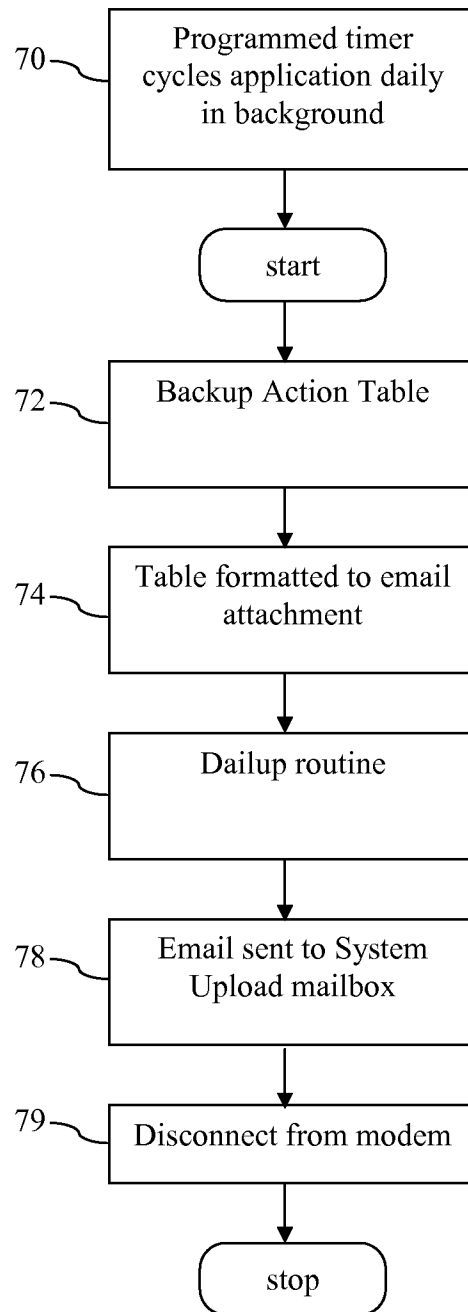
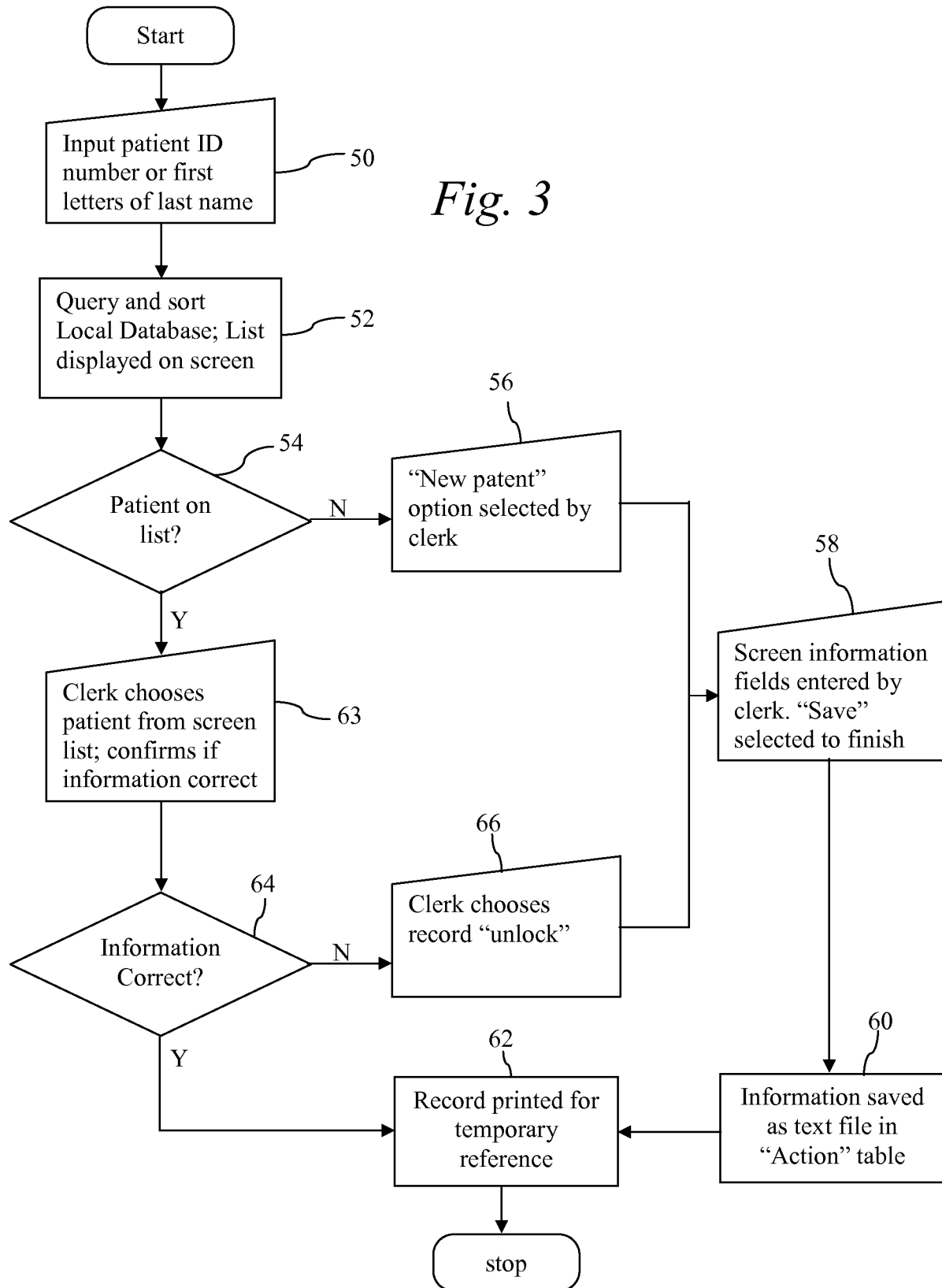
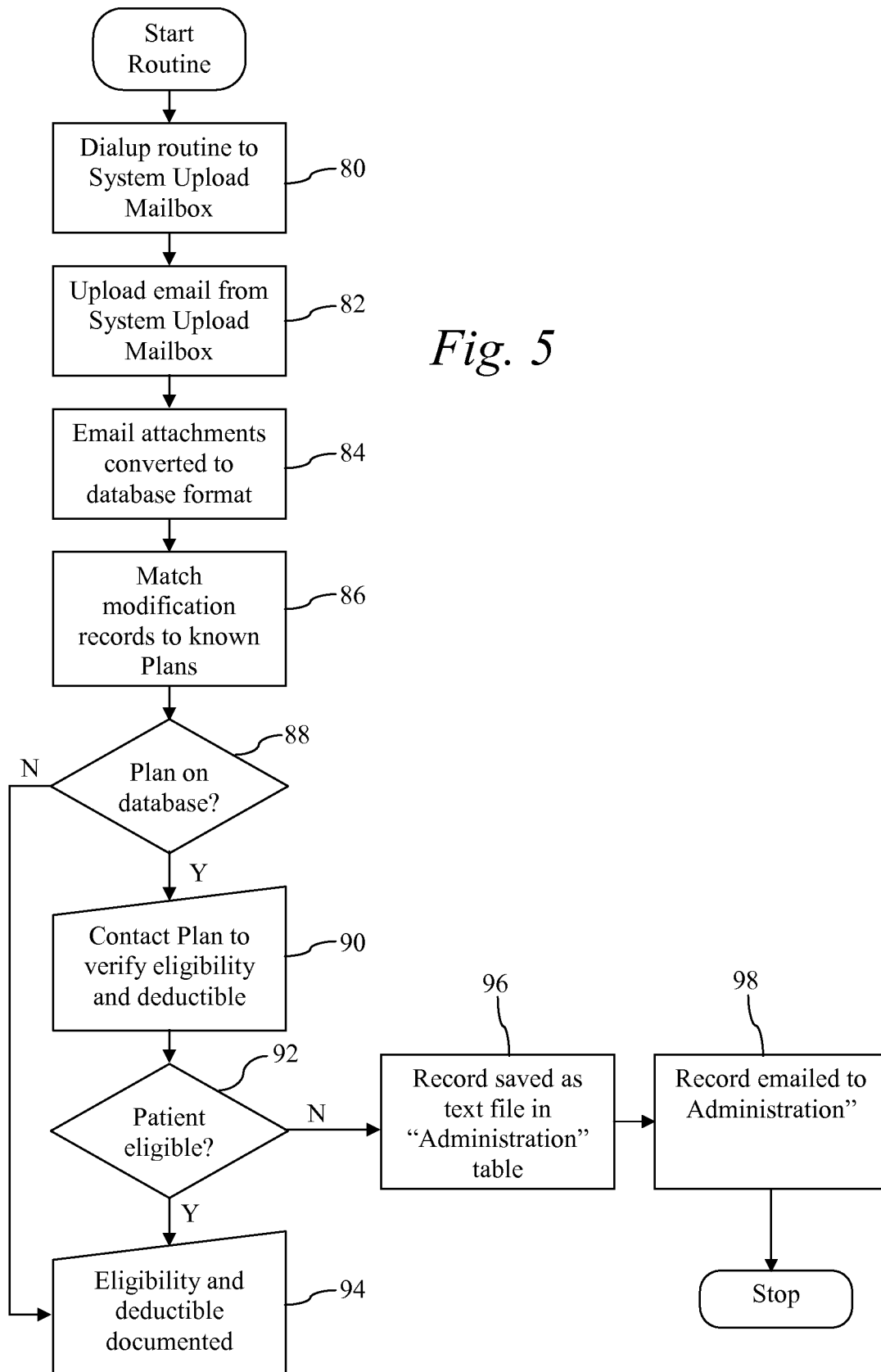
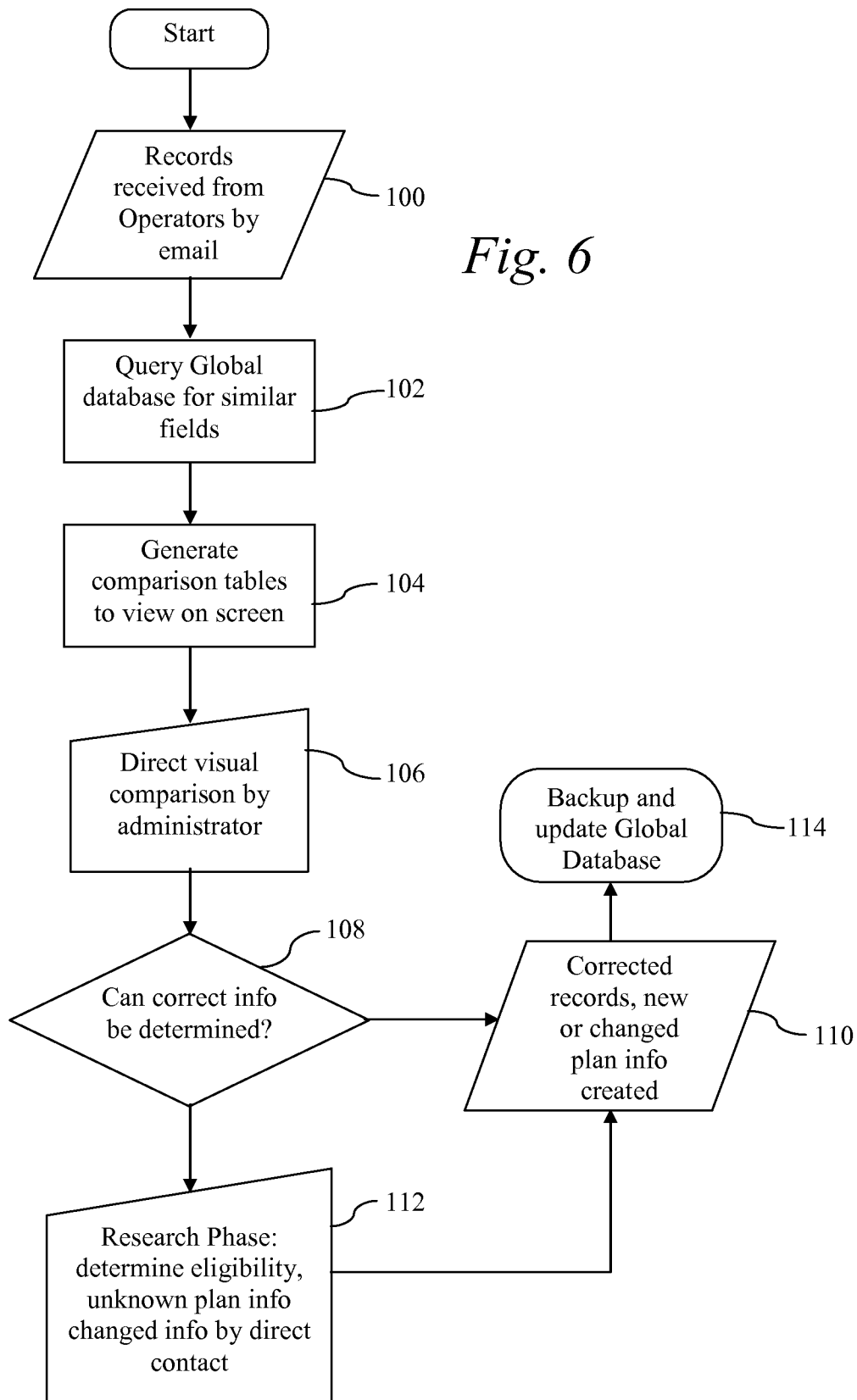
*Fig. 2**Fig. 4*

Fig. 3





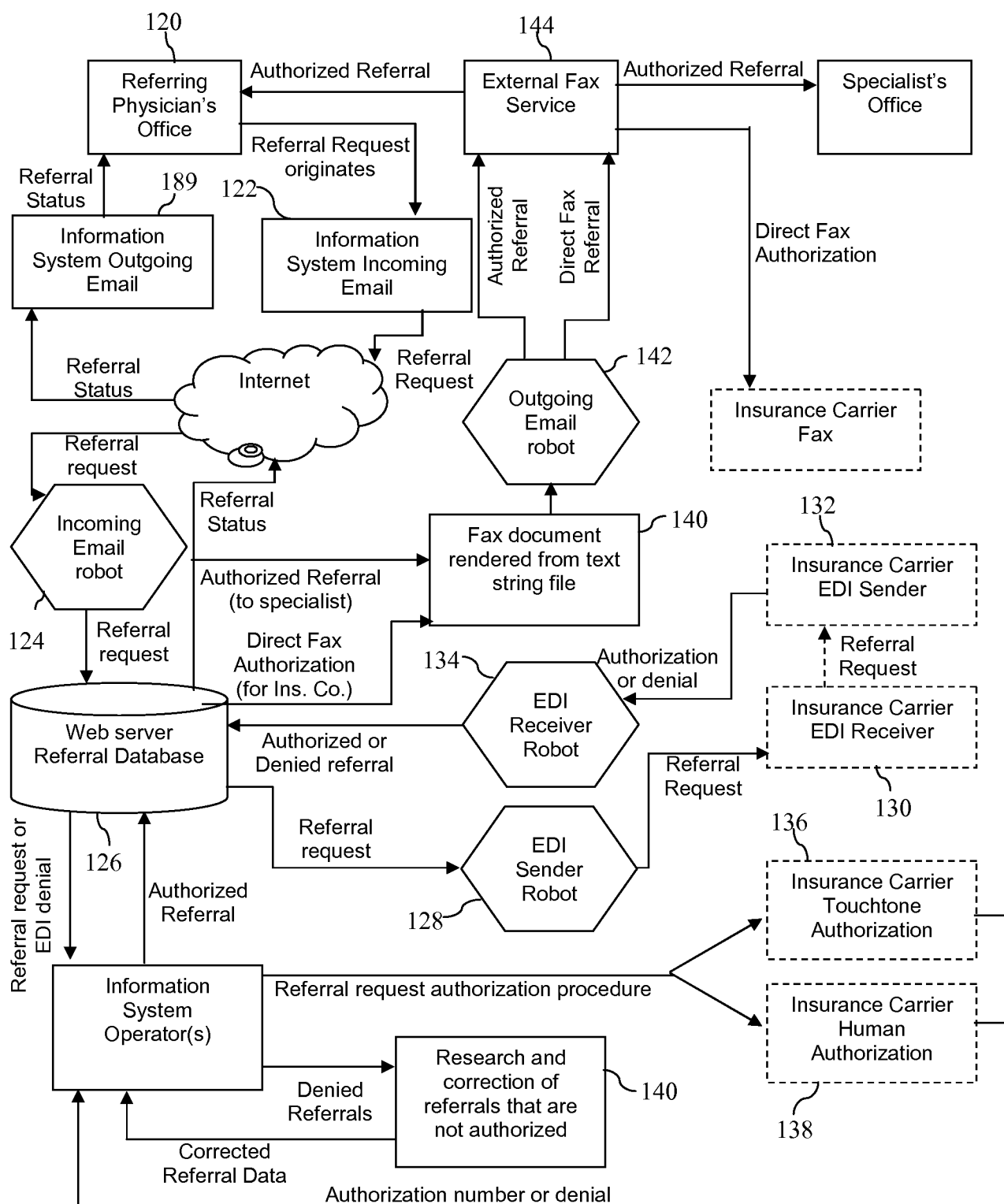


Fig. 7a

Zansor Patient Referral

File Send Configure Window Help

Select Carrier and Plan

Back Next Message

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Carrier Name	Plan Name	Type
Self Pay	Self Pay	self
Aetna	Aetna US-Healthcare QPOS	POS
Aetna	Aetna US Heathcare EPO	EPO
Aetna	Aetna US Heathcare HMO	HMO
Aetna	Aetna US Healthcare PPO	PPO
Aetna	Aetna US Heathcare Choice PPO	PPO
Affordable	Affordable Healthcare Compare	PPO
America Health	America's Health Plan	PPO
Americaid	Americaid	PPO
American Medical	American Medical Plan GA	PPO
Anthem	Anthem	POS

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Fig. 7b

Fig. 7f

Referral Listing

Created	Status	Authorization #	Patient Name	Specialist Name
1/10/00 3:23P	Sent	123742947	Smith, Homer	Abu, John
1/10/00 2:10P	Sent	Dfa827	Doe, John	Payne, Max
1/09/00	Sent	939KK	Atest, I.M.	Cohen, Al

Sort View/Print Form View/Print Report

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Back	Next	Message
		Allergy and Immunology
		Allergy and Immunology, Pediatric
		Cardiology or Cardiovascular Disease
		Cardiology, Pediatric
		Dentistry, General
		Dermatology
		Dermatology, Pediatric
		Endocrinology
		Endocrinology, Pediatric
		Family Practice
		Gastroenterology
		Gastroenterology, Pediatric

*Fig. 7c**Fig. 7d*

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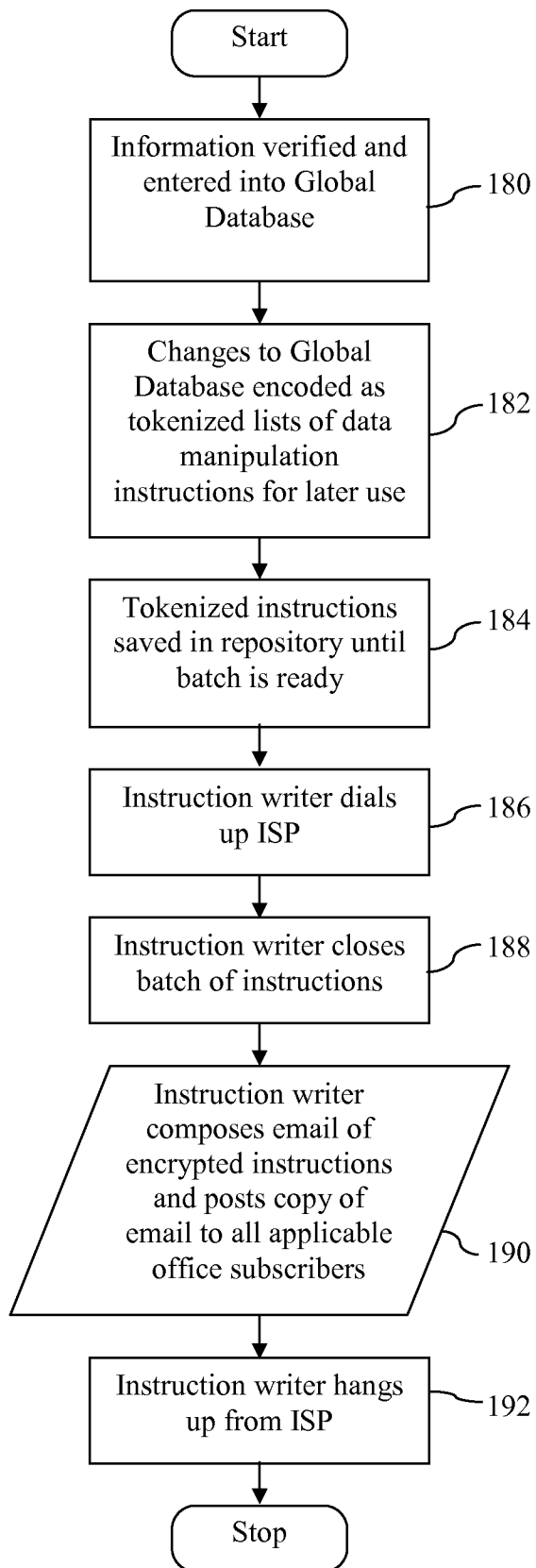
162

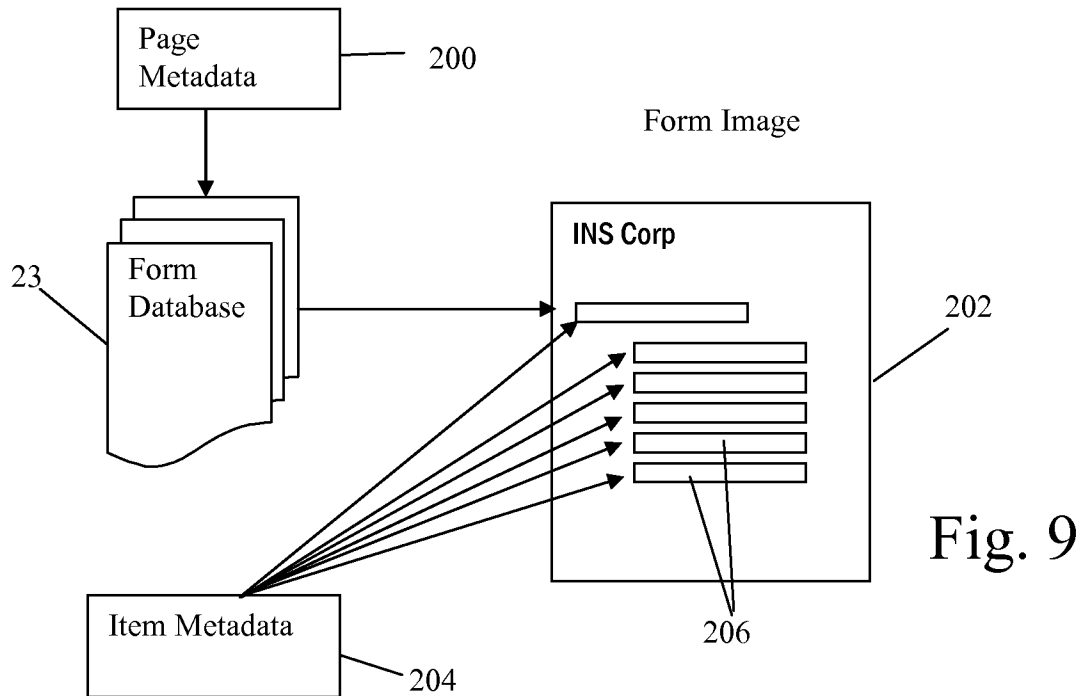
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City	Provider Name	Phone/Fax	Address
Alpharetta	Fish, Michael	(770) 555-2343	894 Old Milton Alpharetta, GA
Alpharetta	Gold, Gilbert	(770) 555-3987	1234 Dominion Suite 777 Alpharetta, GA
Alpharetta	Levine, David	(770) 555-5039	738 Peachtree Suite 221 Alpharetta, GA
Alpharetta	Luchetti, Mary	(770) 555-9544	1234 Old Milton Alpharetta, GA
Alpharetta	Payne, Max	(770) 555-7383	2 Main Street Alpharetta, GA

Zansor Patient Referral		<input type="button" value="←"/> <input type="button" value="□"/> <input type="button" value="X"/>
File Send Configure Window Help		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Fill Out Referral Form <input type="button" value="←"/> <input type="button" value="□"/> <input type="button" value="X"/> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 15%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Back</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Next</div> <div style="text-align: center;">166 162</div> </div> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Select Primary Care Physician Tookay, V. (AetnaHMO 325728945729857) ▼ </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 60%;"> Aetna US Healthcare Electronic Referral Entry Sheet </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> Envoy ID Carrier Code Your Aetna US Healthcare Provider ID Aetna US Healthcare Member ID or SSN Referred Provider ID Referred Facility ID Diagnosis Code(s) or Group(s) Procedure Code(s) or Group(s) Number of Visits Appointment Date Place of Service Code <div style="display: flex; justify-content: space-around; font-size: small;"> <div>1- Office Visit 2- Inpatient</div> <div>3- Outpatient 4- Same Day Surgery</div> </div> </div> <div style="width: 60%;"> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <div style="display: flex; justify-content: space-between;"> <div> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div> <div> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div> </div> </div> </div> </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Print</div> <div style="border: 1px solid black; padding: 2px;">Return</div> </div> </div> <div style="margin-top: 10px; text-align: right;">170</div> </div>		
<div style="border: 1px solid black; padding: 5px;"> Comment Code <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> 1- Call me <input type="checkbox"/> 2- Letter to Follow </div> <div> <input type="checkbox"/> 13- Perform procedure on left side <input type="checkbox"/> 14 - Bilateral procedure </div> </div> </div>		

Fig. 7e

*Fig. 8*

**Fig. 10**